

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

APPLICANT(S)

FILED DATE

10771540

02-05-04

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		2				
4		0				
5						
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48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.		4				
TOTAL CLAIMS		5				

	IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
51								
52								
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TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								